

B 5 (Official Form 5) (12/07)		
UNITED STATES BANKRUPTCY COURT Southern District of Texas		
INVOLUNTARY PETITION		
IN RE (Name of Debtor – If Individual: Last, First, Middle) High Maintenance Broadcasting, LLC		
ALL OTHER NAMES used by debtor in the last 8 years (Include married, maiden, and trade names.)		
Last four digits of Social-Security or other Individual's Tax-I.D. No./Complete EIN (If more than one, state all.):		
STREET ADDRESS OF DEBTOR (No. and street, city, state, and zip code) 600 Leopard Street, Suite 1924 Corpus Christi, Texas 78473		
MAILING ADDRESS OF DEBTOR (If different from street address)		
COUNTY OF RESIDENCE OR PRINCIPAL PLACE OF BUSINESS Nueces ZIP CODE 78473		
LOCATION OF PRINCIPAL ASSETS OF BUSINESS DEBTOR (If different from previously listed addresses)		
CHAPTER OF BANKRUPTCY CODE UNDER WHICH PETITION IS FILED <input type="checkbox"/> Chapter 7 <input checked="" type="checkbox"/> Chapter 11		
INFORMATION REGARDING DEBTOR (Check applicable boxes)		
Nature of Debts (Check one box.) Petitioners believe: <input type="checkbox"/> Debts are primarily consumer debts <input checked="" type="checkbox"/> Debts are primarily business debts	Type of Debtor (Form of Organization) <input type="checkbox"/> Individual (Includes Joint Debtor) <input checked="" type="checkbox"/> Corporation (Includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.) _____	
Nature of Business (Check one box.) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51)(B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input checked="" type="checkbox"/> Other		
VENUE <input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in the District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> A bankruptcy case concerning debtor's affiliate, general partner or partnership is pending in this District.	FILING FEE (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Petitioner is a child support creditor or its representative, and the form specified in § 304(g) of the Bankruptcy Reform Act of 1994 is attached. <i>[If a child support creditor or its representative is a petitioner, and if the petitioner files the form specified in § 304(g) of the Bankruptcy Reform Act of 1994, no fee is required.]</i>	
PENDING BANKRUPTCY CASE FILED BY OR AGAINST ANY PARTNER OR AFFILIATE OF THIS DEBTOR (Report information for any additional cases on attached sheets.)		
Name of Debtor	Case Number	Date
Relationship	District	Judge
ALLEGATIONS (Check applicable boxes) 1. <input checked="" type="checkbox"/> Petitioner (s) are eligible to file this petition pursuant to 11 U.S.C. § 303 (b). 2. <input checked="" type="checkbox"/> The debtor is a person against whom an order for relief may be entered under title 11 of the United States Code. 3.a. <input checked="" type="checkbox"/> The debtor is generally not paying such debtor's debts as they become due, unless such debts are the subject of a bona fide dispute as to liability or amount; or b. <input type="checkbox"/> Within 120 days preceding the filing of this petition, a custodian, other than a trustee receiver, or agent appointed or authorized to take charge of less than substantially all of the property of the debtor for the purpose of enforcing a lien against such property, was appointed or took possession.		COURT USE ONLY

B 5 (Official Form 5) (12/07) - Page 2

Name of Debtor High Maintenance Broe

Case No. _____

TRANSFER OF CLAIM

☐ Check this box if there has been a transfer of any claim against the debtor by or to any petitioner. Attach all documents that evidence the transfer and any statements that are required under Bankruptcy Rule 1003(a).

REQUEST FOR RELIEF

Petitioner(s) request that an order for relief be entered against the debtor under the chapter of title 11, United States Code, specified in this petition. If any petitioner is a foreign representative appointed in a foreign proceeding, a certified copy of the order of the court granting recognition is attached.

Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.

x Robert Behar
Signature of Petitioner or Representative (State title)
Robert Behar

Name of Petitioner _____ Date Signed _____

Name & Mailing _____ Robert Behar
Address of Individual _____ 14450 Commerce Way
Signing in Representative _____ Miami Lakes, FL 33016
Capacity _____

x Paula J. Schauer & Simank P.C. 6/14/13
Signature of Attorney _____ Date
Schauer & Simank P.C.

Name of Attorney Firm (If any) _____
Address _____ 615 N. Upper Broadway, Ste. 700
Corpus Christi, TX 78401
Telephone No. _____ (361) 884-2800

x _____
Signature of Petitioner or Representative (State title)
Estrella Behar

Name of Petitioner _____ Date Signed _____

Name & Mailing _____ Estrella Behar
Address of Individual _____ 18911 Collins Ave #1807
Signing in Representative _____ Sunny Isles Beach, FL
Capacity _____

x _____
Signature of Attorney _____ Date _____

Name of Attorney Firm (If any) _____

Address _____

Telephone No. _____

x _____
Signature of Petitioner or Representative (State title)
Leibowitz Family Broadcasting, LLC

Name of Petitioner _____ Date Signed _____

Name & Mailing _____ Leibowitz Family Broadc
Address of Individual _____ 4400 Biscayne Blvd
Signing in Representative _____ Miami, FL 33137
Capacity _____

x _____
Signature of Attorney _____ Date _____

Name of Attorney Firm (If any) _____

Address _____

Telephone No. _____

PETITIONING CREDITORS

Name and Address of Petitioner	Nature of Claim	Amount of Claim
Robert Behar	Promissory Note	2,302,528.46
Name and Address of Petitioner	Nature of Claim	Amount of Claim
Estrella Behar	Promissory Note	2,248,742.82
Name and Address of Petitioner	Nature of Claim	Amount of Claim
Leibowitz Family Broadcasting, LLC	Promissory Note	428,604.36
Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.		Total Amount of Petitioners' Claims

x continuation sheets attached

B 5 (Official Form 5) (12/07) – Page 2

Name of Debtor High Maintenance Bros

Case No. _____

TRANSFER OF CLAIM		
<input type="checkbox"/> Check this box if there has been a transfer of any claim against the debtor by or to any petitioner. Attach all documents that evidence the transfer and any statements that are required under Bankruptcy Rule 1003(a).		
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Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.		
x _____ Signature of Petitioner or Representative (State title) <u>Robert Behar</u> Name of Petitioner _____ Date Signed _____ Name & Mailing _____ Address of Individual _____ Signing in Representative _____ Capacity _____	x _____ Signature of Attorney _____ Date _____ Name of Attorney Firm (If any) _____ Address _____ Telephone No. # _____	
x <u>Estrella Behar</u> Signature of Petitioner or Representative (State title) <u>Estrella Behar</u> Name of Petitioner _____ Date Signed _____ Name & Mailing _____ Address of Individual _____ Signing in Representative _____ Capacity _____	x <u>Paula G. L...</u> <u>6/14/13</u> Signature of Attorney _____ Date _____ <u>Schauer & L...</u> P.C. Name of Attorney Firm (If any) _____ <u>6015 N. Upper Broadway, Ste. 700</u> Address _____ <u>Corpus Christi, TX 78401</u> Telephone No. <u>(361) 884-2800</u>	
x _____ Signature of Petitioner or Representative (State title) <u>Leibowitz Family Broadcasting, LLC</u> Name of Petitioner _____ Date Signed _____ Name & Mailing _____ Address of Individual _____ Signing in Representative _____ Capacity _____	x _____ Signature of Attorney _____ Date _____ Name of Attorney Firm (If any) _____ Address _____ Telephone No. _____	

PETITIONING CREDITORS		
Name and Address of Petitioner <u>Robert Behar</u>	Nature of Claim <u>Promissory Note</u>	Amount of Claim <u>2,302,528.46</u>
Name and Address of Petitioner <u>Estrella Behar</u>	Nature of Claim <u>Promissory Note</u>	Amount of Claim <u>2,248,742.82</u>
Name and Address of Petitioner <u>Leibowitz Family Broadcasting, LLC</u>	Nature of Claim <u>Promissory Note</u>	Amount of Claim <u>428,604.36</u>
Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.		Total Amount of Petitioners' Claims

X continuation sheets attached

B 5 (Official Form 5) (12/07) - Page 2

Name of Debtor High Maintenance Bros

Case No. _____

TRANSFER OF CLAIM		
<input type="checkbox"/> Check this box if there has been a transfer of any claim against the debtor by or to any petitioner. Attach all documents that evidence the transfer and any statements that are required under Bankruptcy Rule 1003(a).		
REQUEST FOR RELIEF		
Petitioner(s) request that an order for relief be entered against the debtor under the chapter of title 11, United States Code, specified in this petition. If any petitioner is a foreign representative appointed in a foreign proceeding, a certified copy of the order of the court granting recognition is attached.		
Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.		
<input checked="" type="checkbox"/> _____ Signature of Petitioner or Representative (State title) <u>Robert Behar</u>	<input checked="" type="checkbox"/> _____ Signature of Attorney _____ Date _____	
Name of Petitioner _____ Date Signed _____	Name of Attorney Firm (If any) _____	
Name & Mailing _____ Address of Individual _____ Signing in Representative _____ Capacity _____	Address _____ Telephone No. _____	
Name & Mailing _____ Address of Individual _____ Signing in Representative _____ Capacity _____	Address _____ Telephone No. _____	
<input checked="" type="checkbox"/> _____ Signature of Petitioner or Representative (State title) <u>Estrella Behar</u>	<input checked="" type="checkbox"/> _____ Signature of Attorney _____ Date _____	
Name of Petitioner _____ Date Signed _____	Name of Attorney Firm (If any) _____	
Name & Mailing _____ Address of Individual _____ Signing in Representative _____ Capacity _____	Address _____ Telephone No. _____	
<input checked="" type="checkbox"/> _____ Signature of Petitioner or Representative (State title) <u>Leibowitz Family Broadcasting, LLC</u>	<input checked="" type="checkbox"/> _____ Signature of Attorney _____ Date <u>6/14/13</u>	
Name of Petitioner _____ Date Signed _____	Name of Attorney Firm (If any) _____	
Name & Mailing _____ Address of Individual _____ Signing in Representative _____ Capacity _____	Address _____ Telephone No. _____	
Name & Mailing _____ Address of Individual _____ Signing in Representative _____ Capacity _____	Address _____ Telephone No. _____	
PETITIONING CREDITORS		
Name and Address of Petitioner <u>Robert Behar</u>	Nature of Claim <u>Promissory Note</u>	Amount of Claim <u>2,302,528.46</u>
Name and Address of Petitioner <u>Estrella Behar</u>	Nature of Claim <u>Promissory Note</u>	Amount of Claim <u>2,248,742.82</u>
Name and Address of Petitioner <u>Leibowitz Family Broadcasting, LLC</u>	Nature of Claim <u>Promissory Note</u>	Amount of Claim <u>428,604.36</u>
Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.		Total Amount of Petitioners' Claims <u>4,979,875.64</u>

X continuation sheets attached

B 5 (Official Form 5) (12/07) - Page 2

Name of Debtor _____

Case No. _____

TRANSFER OF CLAIM		
<input type="checkbox"/> Check this box if there has been a transfer of any claim against the debtor by or to any petitioner. Attach all documents that evidence the transfer and any statements that are required under Bankruptcy Rule 1003(a).		
REQUEST FOR RELIEF		
Petitioner(s) request that an order for relief be entered against the debtor under the chapter of title 11, United States Code, specified in this petition. If any petitioner is a foreign representative appointed in a foreign proceeding, a certified copy of the order of the court granting recognition is attached.		
Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.		
<input checked="" type="checkbox"/> _____ Signature of Petitioner or Representative (State title) <u>Pedro Dupouy</u> Name of Petitioner _____ Date Signed _____ Name & Mailing _____ Address of Individual _____ Signing in Representative _____ Capacity _____ <u>Pedro Dupouy</u> <u>815 NW 57th Ave, 206</u> <u>Miami, FL 33126</u>	<input checked="" type="checkbox"/> _____ <u>6/14/13</u> Signature of Attorney _____ Date _____ <u>Edmund P.C.</u> Name of Attorney Firm (If any) _____ <u>615 N. Upper Broadway, Ste. 700</u> Address _____ <u>Corpus Christi, TX 78401</u> Telephone No. _____ <u>(361) 884-2800</u>	
<input checked="" type="checkbox"/> _____ Signature of Petitioner or Representative (State title) <u>Latin Capital Ventures, LLC</u> Name of Petitioner _____ Date Signed _____ Name & Mailing _____ Address of Individual _____ Signing in Representative _____ Capacity _____ <u>Jose Rodriguez</u> <u>14450 Commerce Way</u> <u>Miami Lakes, FL 33016</u>	<input type="checkbox"/> _____ Signature of Attorney _____ Date _____ Name of Attorney Firm (If any) _____ Address _____ Telephone No. _____	
<input checked="" type="checkbox"/> _____ Signature of Petitioner or Representative (State title) <u>Pan Atlantic Bank & Trust Ltd</u> Name of Petitioner _____ Date Signed _____ Name & Mailing _____ Address of Individual _____ Signing in Representative _____ Capacity _____ <u>Robert J. Bourque</u> <u>Musson Bldg Hincks St.</u> <u>Bridgetown, Barbados</u>	<input type="checkbox"/> _____ Signature of Attorney _____ Date _____ Name of Attorney Firm (If any) _____ Address _____ Telephone No. _____	
PETITIONING CREDITORS		
Name and Address of Petitioner	Nature of Claim	Amount of Claim
Pedro Dupouy	Guaranty	70,593.66
Name and Address of Petitioner	Nature of Claim	Amount of Claim
Latin Capital Ventures, LLC	Guaranty	759,722.22
Name and Address of Petitioner	Nature of Claim	Amount of Claim
Pan Atlantic Bank & Trust Ltd	Guaranty	974,162.22
Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.		Total Amount of Petitioners' Claims

☒ continuation sheets attached

B 5 (Official Form 5) (12/07) -- Page 2

Name of Debtor _____

Case No. _____

TRANSFER OF CLAIM		
<input type="checkbox"/> Check this box if there has been a transfer of any claim against the debtor by or to any petitioner. Attach all documents that evidence the transfer and any statements that are required under Bankruptcy Rule 1003(a).		
REQUEST FOR RELIEF		
Petitioner(s) request that an order for relief be entered against the debtor under the chapter of title 11, United States Code, specified in this petition. If any petitioner is a foreign representative appointed in a foreign proceeding, a certified copy of the order of the court granting recognition is attached.		
Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.		
<input checked="" type="checkbox"/> Signature of Petitioner or Representative (State title) <u>Pedro Dupouy</u> Name of Petitioner _____ Date Signed _____ Name & Mailing _____ Address of Individual <u>Pedro Dupouy</u> <u>815 NW 57th Ave, 206</u> Signing in Representative <u>Miami, FL 33126</u> Capacity _____	<input checked="" type="checkbox"/> Signature of Attorney _____ Date _____ Name of Attorney Firm (If any) _____ Address _____ Telephone No. _____	
<input checked="" type="checkbox"/> Signature of Petitioner or Representative (State title) <u>Latin Capital Ventures, LLC</u> Name of Petitioner _____ Date Signed _____ Name & Mailing _____ Address of Individual <u>Jose Rodriguez</u> <u>14450 Commerce Way</u> Signing in Representative <u>Miami Lakes, FL 33016</u> Capacity _____	<input checked="" type="checkbox"/> Signature of Attorney _____ Date <u>6/14/13</u> <u>Salmon & Fink P.C.</u> Name of Attorney Firm (If any) _____ <u>615 N. Upper Broadway, Ste. 700</u> Address <u>Corpus Christi, TX. 78401</u> Telephone No. <u>(361) 884-2800</u>	
<input checked="" type="checkbox"/> Signature of Petitioner or Representative (State title) <u>Pan Atlantic Bank & Trust Ltd</u> Name of Petitioner _____ Date Signed _____ Name & Mailing _____ Address of Individual <u>Robert J. Bourque</u> <u>Musson Bldg Hincks St.</u> Signing in Representative <u>Bridgetown, Barbados</u> Capacity _____	<input checked="" type="checkbox"/> Signature of Attorney _____ Date _____ Name of Attorney Firm (If any) _____ Address _____ Telephone No. _____	
PETITIONING CREDITORS		
Name and Address of Petitioner	Nature of Claim	Amount of Claim
<u>Pedro Dupouy</u>	<u>Promissory Note</u>	<u>70,593.66</u>
Name and Address of Petitioner	Nature of Claim	Amount of Claim
<u>Latin Capital Ventures, LLC</u>	<u>Promissory Note</u>	<u>759,722.22</u>
Name and Address of Petitioner	Nature of Claim	Amount of Claim
<u>Pan Atlantic Bank & Trust Ltd</u>	<u>Promissory Note</u>	<u>974,162.22</u>
Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.		Total Amount of Petitioners' Claims

☒ continuation sheets attached

Name of Debtor _____

Case No. _____

TRANSFER OF CLAIM

REQUEST FOR RELIEF

Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.

X
Signature of Petitioner or Representative (State title)
Pedro Dupouy

<u>Name of Petitioner</u>	<u>Date Signed</u>
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Name & Mailing Pedro Dupouy
Address of Individual 815 NW 57th Ave, 206
Signing in Representative Miami, FL 33126
Capacity _____

X _____
Signature of Attorney Date

Name of Attorney Firm (If any)

Address

Telephone No. _____

x
Signature of Petitioner or Representative (State title)
Latin Capital Ventures, LLC

Name of Petitioner _____ Date Signed _____

Name & Mailing	Jose Rodriguez
Address of Individual	14450 Commerce Way
Signing in Representative	Miami Lakes, FL 33016
Capacity	

X _____
Signature of Attorney Date

Name of Attorney Firm (If any)

Address

Telephone No. _____

x _____
Signature of Petitioner or Representative (State title)
Pan Atlantic Bank & Trust Ltd

Name of Petitioner _____ Date Signed _____

Name & Mailing	Robert J. Bourque
Address of Individual	Musson Park, Piquette
Signing in Representative	Brugstown, Barbados
Capacity	"Whitepark House" White Park Rd. St. Michael, Barbados

x Debra A. [Signature] Date 09/14/15
Signature of Attorney _____

Signature of Attorney Schweizer E. Smith P.C. Date _____
Name of Attorney Firm (if any) _____

Name of Attorney Firm (If any) 1015 N. Upper Broadway, Ste. 700

Address
Cedar Rapids, Christi TX. 78401

Telephone No. (361) 884-2800

PETITIONING CREDITORS

Name and Address of Petitioner
Pedro Dupouy

Nature of Claim

Amount of Claim

Promissory Note

70,593.66

Name and Address of Petitioner
Latin Capital Ventures, LLC

Nature of Claim

Amount of Claim

Promissory Note

759.722.22

Name and Address of Petitioner
Pan Atlantic Bank & Trust Ltd

Nature of Claim	
-----------------	--

[illegible]

Promissory Note

974,162.22

Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.

Total Amount of Petitioners' Claims	
-------------------------------------	--

X continuation sheets attached

B 5 (Official Form 5) (12/07) - Page 2

Name of Debtor _____

Case No. _____

TRANSFER OF CLAIM		
<input type="checkbox"/> Check this box if there has been a transfer of any claim against the debtor by or to any petitioner. Attach all documents that evidence the transfer and any statements that are required under Bankruptcy Rule 1003(a).		
REQUEST FOR RELIEF		
Petitioner(s) request that an order for relief be entered against the debtor under the chapter of title 11, United States Code, specified in this petition. If any petitioner is a foreign representative appointed in a foreign proceeding, a certified copy of the order of the court granting recognition is attached.		
Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.		
<input checked="" type="checkbox"/> <u>Maria Martinez, Managing Member</u> Signature of Petitioner or Representative (State title) <u>Sumit Enterprises, LLC</u> Name of Petitioner _____ Date Signed _____ Name & Mailing _____ Address of Individual _____ Signing in Representative _____ Capacity _____	<input checked="" type="checkbox"/> <u>Paul G. Lee</u> <u>6/14/13</u> Signature of Attorney _____ Date _____ <u>Paul G. Lee P.C.</u> Name of Attorney Firm (If any) _____ <u>615 N. Upper Broadway, Ste. 700</u> Address _____ <u>Corpus Christi, TX 78401</u> Telephone No. _____ <u>(361) 884-2800</u>	
<input checked="" type="checkbox"/> _____ Signature of Petitioner or Representative (State title) <u>Jose Rodriguez</u> Name of Petitioner _____ Date Signed _____ Name & Mailing _____ Address of Individual _____ Signing in Representative _____ Capacity _____	<input checked="" type="checkbox"/> _____ Signature of Attorney _____ Date _____ Name of Attorney Firm (If any) _____ Address _____ Telephone No. _____	
<input checked="" type="checkbox"/> _____ Signature of Petitioner or Representative (State title) <u>Leon Perez</u> Name of Petitioner _____ Date Signed _____ Name & Mailing _____ Address of Individual _____ Signing in Representative _____ Capacity _____	<input checked="" type="checkbox"/> _____ Signature of Attorney _____ Date _____ Name of Attorney Firm (If any) _____ Address _____ Telephone No. _____	
PETITIONING CREDITORS		
Name and Address of Petitioner <u>Sumit Enterprises, LLC</u>	Nature of Claim <u>Promissory Note</u>	Amount of Claim <u>107,571.30</u>
Name and Address of Petitioner <u>Jose Rodriguez</u>	Nature of Claim <u>Promissory Note</u>	Amount of Claim <u>53,785.65</u>
Name and Address of Petitioner <u>Leon Perez</u>	Nature of Claim <u>Promissory Note</u>	Amount of Claim <u>53,785.65</u>
Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.		Total Amount of Petitioners' Claims

X continuation sheets attached

B.5 (Official Form 5) (12/07) - Page 2

Name of Debtor _____

Case No. _____

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Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.		
<input checked="" type="checkbox"/> Signature of Petitioner or Representative (State title) <u>Sumit Enterprises, LLC</u> Name of Petitioner _____ Date Signed _____ Name & Mailing _____ Address of Individual _____ Signing in Representative _____ Capacity _____	<input checked="" type="checkbox"/> Signature of Attorney _____ Date _____ Name of Attorney Firm (If any) _____ Address _____ Telephone No. _____	
<input checked="" type="checkbox"/> Signature of Petitioner or Representative (State title) <u>Jose Rodriguez</u> Name of Petitioner _____ Date Signed _____ Name & Mailing _____ Address of Individual _____ Signing in Representative _____ Capacity _____	<input checked="" type="checkbox"/> Signature of Attorney _____ Date <u>6/14/13</u> <u>Sumit & Sumit</u> Name of Attorney Firm (If any) _____ Address <u>615 N. Upper Broadway Ste. 700</u> <u>Corpus Christi, TX. 78401</u> Telephone No. <u>(361) 884-2800</u>	
<input checked="" type="checkbox"/> Signature of Petitioner or Representative (State title) <u>Leon Perez</u> Name of Petitioner _____ Date Signed _____ Name & Mailing _____ Address of Individual _____ Signing in Representative _____ Capacity _____	<input checked="" type="checkbox"/> Signature of Attorney _____ Date _____ Name of Attorney Firm (If any) _____ Address _____ Telephone No. _____	
PETITIONING CREDITORS		
Name and Address of Petitioner	Nature of Claim	Amount of Claim
Sumit Enterprises, LLC	Guaranty	107,571.30
Name and Address of Petitioner	Nature of Claim	Amount of Claim
Jose Rodriguez	Guaranty	53,785.65
Name and Address of Petitioner	Nature of Claim	Amount of Claim
Leon Perez	Guaranty	53,785.65
Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.		Total Amount of Petitioners' Claims

X continuation sheets attached

B-5 (Official Form 5) (12/07) - Page 2

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Case No. _____

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Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.		
<div style="border-bottom: 1px solid black; margin-bottom: 5px;"> x Signature of Petitioner or Representative (State title) <u>Sumit Enterprises, LLC</u> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Name of Petitioner Name & Mailing Address of Individual Signing in Representative Capacity </div> <div style="width: 50%;"> Date Signed <u>Maria Martinez</u> <u>14450 Commerce Way</u> <u>Miami Lakes, FL 33016</u> </div> </div>	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"> x Signature of Attorney <div style="text-align: right;">Date</div> </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> Name of Attorney Firm (If any) </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> Address </div> <div style="border-bottom: 1px solid black;"> Telephone No. </div>	
<div style="border-bottom: 1px solid black; margin-bottom: 5px;"> x Signature of Petitioner or Representative (State title) <u>Jose Rodriguez</u> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Name of Petitioner Name & Mailing Address of Individual Signing in Representative Capacity </div> <div style="width: 50%;"> Date Signed <u>Jose Rodriguez</u> <u>1020 Nautica Drive</u> <u>Weston, FL 33327</u> </div> </div>	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"> x Signature of Attorney <div style="text-align: right;">Date</div> </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> Name of Attorney Firm (If any) </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> Address </div> <div style="border-bottom: 1px solid black;"> Telephone No. </div>	
<div style="border-bottom: 1px solid black; margin-bottom: 5px;"> x Signature of Petitioner or Representative (State title) <u>Leon Perez</u> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Name of Petitioner Name & Mailing Address of Individual Signing in Representative Capacity </div> <div style="width: 50%;"> Date Signed <u>Leon Perez</u> <u>20201 E Country Dr 60Z</u> <u>Aventura, FL 33180</u> </div> </div>	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"> x Signature of Attorney <div style="text-align: right;">Date</div> </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> Name of Attorney Firm (If any) </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> Address </div> <div style="border-bottom: 1px solid black;"> Telephone No. </div>	

PETITIONING CREDITORS		
Name and Address of Petitioner <u>Sumit Enterprises, LLC</u>	Nature of Claim <u>Promissory Note</u>	Amount of Claim <u>107,571.30</u>
Name and Address of Petitioner <u>Jose Rodriguez</u>	Nature of Claim <u>Promissory Note</u>	Amount of Claim <u>53,785.65</u>
Name and Address of Petitioner <u>Leon Perez</u>	Nature of Claim <u>Promissory Note</u>	Amount of Claim <u>53,785.65</u>
Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.		Total Amount of Petitioners' Claims <u>(361) 884-2800</u>

X continuation sheets attached

B 5 (Official Form 5) (12/07) - Page 2

Name of Debtor _____

Case No. _____

TRANSFER OF CLAIM

☐ Check this box if there has been a transfer of any claim against the debtor by or to any petitioner. Attach all documents that evidence the transfer and any statements that are required under Bankruptcy Rule 1003(a).

REQUEST FOR RELIEF

Petitioner(s) request that an order for relief be entered against the debtor under the chapter of title 11, United States Code, specified in this petition. If any petitioner is a foreign representative appointed in a foreign proceeding, a certified copy of the order of the court granting recognition is attached.

Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.

☒ Signature of Petitioner or Representative (State title)
Jays Four, LLC
Date Signed 4/3/13
Name of Petitioner
Name & Mailing
Address of Individual
Signing in Representative
Capacity
Michael Jesselson
445 Park Ave., Ste 1502
New York, NY 10022

☒ Signature of Attorney
Schulman & Schulman P.C.
Date 6/14/13
Name of Attorney Firm (If any)
615 N. Upper Broadway, Ste. 700
Address
Corpus Christi, TX 78401
Telephone No.
(361) 884-2800

☒ Signature of Petitioner or Representative (State title)
Benjamin J. Jesselson 12/18/80 Trust
Date Signed 4/3/13
Name of Petitioner
Name & Mailing
Address of Individual
Signing in Representative
Capacity
Claire L. Strauss
445 Park Ave., Ste 1502
New York, NY 10022

☒ Signature of Attorney
Schulman & Schulman P.C.
Date 6/14/13
Name of Attorney Firm (If any)
615 N. Upper Broadway, Ste. 700
Address
Corpus Christi, TX 78401
Telephone No.
(361) 884-2800

☒ Signature of Petitioner or Representative (State title)
Jesselson Grandchildren 12/18/80 Trt
Date Signed 4/3/13
Name of Petitioner
Name & Mailing
Address of Individual
Signing in Representative
Capacity
Michael Jesselson
445 Park Ave., Ste 1502
New York, NY 10022

☒ Signature of Attorney
Schulman & Schulman P.C.
Date 6/14/13
Name of Attorney Firm (If any)
615 N. Upper Broadway, Ste. 700
Address
Corpus Christi, TX 78401
Telephone No.
(361) 884-2800

PETITIONING CREDITORS

Name and Address of Petitioner	Nature of Claim	Amount of Claim
Jays Four, LLC	Promissory Note	235,312.19
Name and Address of Petitioner	Nature of Claim	Amount of Claim
Benjamin Jesselson 12/18/80 Trust	Promissory Note	117,856.10
Name and Address of Petitioner	Nature of Claim	Amount of Claim
Jesselson Grandchildren 12/18/80 Trust	Promissory Note	235,312.19
Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.		Total Amount of Petitioners' Claims

☒ continuation sheets attached

B 5 (Official Form 5) (12/07) - Page 2

Name of Debtor _____

Case No. _____

TRANSFER OF CLAIM

☐ Check this box if there has been a transfer of any claim against the debtor by or to any petitioner. Attach all documents that evidence the transfer and any statements that are required under Bankruptcy Rule 1003(a).

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x
Signature of Petitioner or Representative (State title)
Joseph Kavana
Name of Petitioner
Date Signed 4/3/13
Name & Mailing
Address of Individual
Signing in Representative
Capacity
19495 Biscayne Blvd
Suite 702
Aventura, FL 33180

x
Signature of Attorney
Date 6/14/13
Name of Attorney Firm (If any)
Schaver + Simank P.C.
Address
615 N. Upper Broadway, Ste 700
Telephone No. Corpus Christi TX 78401
(361) 894-2800

x
Signature of Petitioner or Representative (State title)
Sawicki Family Ltd Partnership
Name of Petitioner
Date Signed
Name & Mailing
Address of Individual
Signing in Representative
Capacity
Daniel Sawicki
4036 Island Estates Dr
Aventura, FL 33160

x
Signature of Attorney
Date
Name of Attorney Firm (If any)
Address
Telephone No.

x
Signature of Petitioner or Representative (State title)
Shpilberg Mgmt Associates, LLC
Name of Petitioner
Date Signed
Name & Mailing
Address of Individual
Signing in Representative
Capacity
David Shpilberg
20155 NE 38 Court, 901
Aventura, FL 33180

x
Signature of Attorney
Date
Name of Attorney Firm (If any)
Address
Telephone No.

PETITIONING CREDITORS

Name and Address of Petitioner , Joseph Kavana	Nature of Claim Guaranty	Amount of Claim 512,644.42
Name and Address of Petitioner Sawicki Family Limited Partnership	Nature of Claim Guaranty	Amount of Claim 168,080.14
Name and Address of Petitioner Shpilberg Management Associates, LLC	Nature of Claim Guaranty	Amount of Claim 58,828.04
Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.		Total Amount of Petitioners' Claims

X continuation sheets attached

B 5 (Official Form 5) (12/07) – Page 2

Name of Debtor _____

Case No. _____

TRANSFER OF CLAIM

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Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.

x _____
Signature of Petitioner or Representative (State title)
Joseph Kavana

Name of Petitioner _____ Date Signed _____

Name & Mailing _____ 19495 Biscayne Blvd
Address of Individual _____ Suite 702
Signing in Representative _____ Aventura, FL 33180
Capacity _____

x _____
Signature of Attorney _____ Date _____

Name of Attorney Firm (If any) _____

Address _____

Telephone No. _____

x Daniel Sawicki
Signature of Petitioner or Representative (State title)
Sawicki Family Ltd Partnership

Name of Petitioner _____ Date Signed _____

Name & Mailing _____ Daniel Sawicki
Address of Individual _____ 4036 Island Estates Dr
Signing in Representative _____ Aventura, FL 33160
Capacity _____

x David G. I. C. 6/14/13
Signature of Attorney _____ Date _____

Name of Attorney Firm (If any) _____

Address _____ 615 N. Upper Broadway, Ste 700
Corpus Christi, TX 78401
Telephone No. (361) 884-2800

x _____
Signature of Petitioner or Representative (State title)
Shpilberg Mgmt Associates, LLC

Name of Petitioner _____ Date Signed _____

Name & Mailing _____ David Shpilberg
Address of Individual _____ 20155 NE 38 Court, 901
Signing in Representative _____ Aventura, FL 33180
Capacity _____

x _____
Signature of Attorney _____ Date _____

Name of Attorney Firm (If any) _____

Address _____

Telephone No. _____

PETITIONING CREDITORS

Name and Address of Petitioner	Nature of Claim	Amount of Claim
Joseph Kavana	Promissory Note	512,644.42
Name and Address of Petitioner	Nature of Claim	Amount of Claim
Sawicki Family Limited Partnership	Promissory Note	168,080.14
Name and Address of Petitioner	Nature of Claim	Amount of Claim
Shpilberg Management Associates, LLC	Promissory Note	58,828.04
Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.		Total Amount of Petitioners' Claims

x continuation sheets attached

B 5 (Official Form 5) (12/07) - Page 2

Name of Debtor _____

Case No. _____

TRANSFER OF CLAIM

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Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.

x
Signature of Petitioner or Representative (State title)
Joseph Kavana
Name of Petitioner _____ Date Signed _____
Name & Mailing _____
Address of Individual _____
Signing in Representative _____
Capacity _____
19495 Biscayne Blvd
Suite 702
Aventura, FL 33180

x
Signature of Attorney _____ Date _____
Name of Attorney Firm (If any) _____
Address _____
Telephone No. _____

x
Signature of Petitioner or Representative (State title)
Sawicki Family Ltd Partnership
Name of Petitioner _____ Date Signed _____
Name & Mailing _____
Address of Individual _____
Signing in Representative _____
Capacity _____
Daniel Sawicki
4036 Island Estates Dr
Aventura, FL 33160

x
Signature of Attorney _____ Date _____
Name of Attorney Firm (If any) _____
Address _____
Telephone No. _____

x
Signature of Petitioner or Representative (State title)
Shpilberg Mgmt Associates, LLC
Name of Petitioner _____ Date Signed _____
Name & Mailing _____
Address of Individual _____
Signing in Representative _____
Capacity _____
David Shpilberg
20155 NE 38 Court, 901
Aventura, FL 33180

x
Signature of Attorney _____ Date 6/14/13
Schaver & Simenk, P.C.
Name of Attorney Firm (If any) _____
615 N. Upper Broadway, Ste 700
Address _____
Corpus Christi, TX 78401
Telephone No. (361) 884-2800

PETITIONING CREDITORS

Name and Address of Petitioner	Nature of Claim	Amount of Claim
Joseph Kavana	Guaranty	512,644.42
Sawicki Family Limited Partnership	Guaranty	168,080.14
Shpilberg Management Associates, LLC	Guaranty	58,828.04
Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.		Total Amount of Petitioners' Claims

X continuation sheets attached

B 5 (Official Form 5) (12/07) - Page 2

Name of Debtor _____

Case No. _____

TRANSFER OF CLAIM

- ☐ Check this box if there has been a transfer of any claim against the debtor by or to any petitioner. Attach all documents that evidence the transfer and any statements that are required under Bankruptcy Rule 1003(a).

REQUEST FOR RELIEF

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Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.

x _____
Signature of Petitioner or Representative (State title)

Name of Petitioner _____ Date Signed _____

Name & Mailing
Address of Individual
Signing in Representative
Capacity

x _____
Signature of Petitioner or Representative (State title)
Saby Behar Rev Trust 2/15/99 amend

Name of Petitioner _____ Date Signed _____

Name & Mailing
Address of Individual
Signing in Representative
Capacity
Saby Behar
1911 NE 118th Road
N. Miami, FL 33181

x _____
Signature of Attorney _____ Date _____

Name of Attorney Firm (If any) _____

Address _____

Telephone No. _____

x _____
Signature of Attorney _____ Date 6/14/13

Name of Attorney Firm (If any) _____
Sabin & Sabin P.C.

615 N. Upper Broadway, Ste. 700

Address
Corpus Christi, TX 78401

Telephone No.
(361) 984-2800

x _____
Signature of Petitioner or Representative (State title)

Name of Petitioner _____ Date Signed _____

Name & Mailing
Address of Individual
Signing in Representative
Capacity

x _____
Signature of Attorney _____ Date _____

Name of Attorney Firm (If any) _____

Address _____

Telephone No. _____

PETITIONING CREDITORS

Name and Address of Petitioner	Nature of Claim	Amount of Claim
Name and Address of Petitioner Saby Behar Revocable Trust dated 2/15/99, as amended	Nature of Claim Promissory Note	Amount of Claim 147070.11
Name and Address of Petitioner	Nature of Claim	Amount of Claim
Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.		Total Amount of Petitioners' Claims

x continuation sheets attached

B 5 (Official Form 5) (12/07) - Page 2

Name of Debtor _____

Case No. _____

TRANSFER OF CLAIM		
<input type="checkbox"/> Check this box if there has been a transfer of any claim against the debtor by or to any petitioner. Attach all documents that evidence the transfer and any statements that are required under Bankruptcy Rule 1003(a).		
REQUEST FOR RELIEF		
Petitioner(s) request that an order for relief be entered against the debtor under the chapter of title 11, United States Code, specified in this petition. If any petitioner is a foreign representative appointed in a foreign proceeding, a certified copy of the order of the court granting recognition is attached.		
Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.		
x _____ Signature of Petitioner or Representative (State title) <u>Morris Bailey</u>	x _____ 6/14/13 Signature of Attorney _____ Date <u>Schum & Frank P.C.</u> Name of Attorney Firm (if any) _____ <u>615 N. Upper Broadway, Ste. 700</u> Address _____ <u>Corpus Christi, TX. 78401</u> Telephone No. _____ <u>(361) 884-2800</u>	
Name of Petitioner _____ Date Signed _____ Name & Mailing _____ Address of Individual _____ Signing in Representative _____ Capacity _____	Name of Petitioner _____ Date Signed _____ Name & Mailing _____ Address of Individual _____ Signing in Representative _____ Capacity _____	
x _____ Signature of Petitioner or Representative (State title)	x _____ Signature of Attorney _____ Date _____	
Name of Petitioner _____ Date Signed _____ Name & Mailing _____ Address of Individual _____ Signing in Representative _____ Capacity _____	Name of Attorney Firm (if any) _____ Address _____ Telephone No. _____	
x _____ Signature of Petitioner or Representative (State title)	x _____ Signature of Attorney _____ Date _____	
Name of Petitioner _____ Date Signed _____ Name & Mailing _____ Address of Individual _____ Signing in Representative _____ Capacity _____	Name of Attorney Firm (if any) _____ Address _____ Telephone No. _____	
PETITIONING CREDITORS		
Name and Address of Petitioner <u>Morris Bailey</u>	Nature of Claim <u>Guaranty</u>	Amount of Claim <u>336,160.27</u>
Name and Address of Petitioner	Nature of Claim	Amount of Claim
Name and Address of Petitioner	Nature of Claim	Amount of Claim
Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.		Total Amount of Petitioners' Claims

_____ continuation sheets attached